

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Yoshiaki SAKAMOTO, Shuji KOIKE,
and Tomohisa SHINGAI

Group Art Unit: Not Yet Assigned

Serial No.: Filed Concurrently

Examiner: Not Yet Assigned

Filed: August 6, 2003

P.T.O. Confirmation No.:

For: INK JET HEAD, METHOD OF MANUFACTURING INK JET HEAD, AND
PRINTER

INFORMATION DISCLOSURE STATEMENT PURSUANT TO 37 CFR 1.97(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 6, 2003

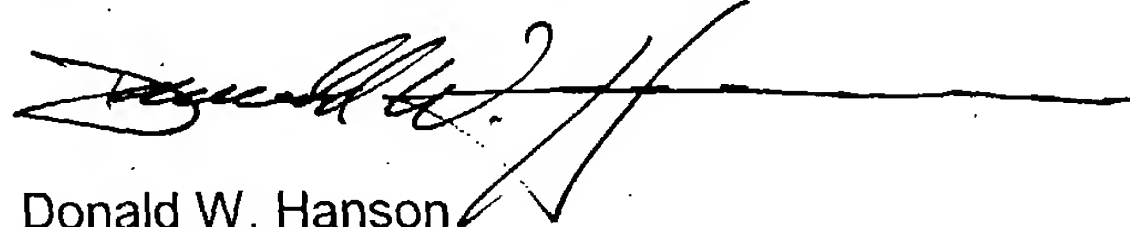
Sir:

This Information Disclosure Statement is being filed in order to comply with Applicant's duty of disclosure under 37 CFR 1.56. The documents listed on the Form PTO-1449 were made of record in parent application Serial No. 10/163,617.

The Commissioner is authorized to charge our Deposit Account No. 01-2340 for any fee which is deemed by the Patent and Trademark Office to be required to effect consideration of this statement.

Respectfully submitted,

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PATENT TRADEMARK OFFICE

Enclosures: Two (2) PTO-1449s

INFORMATION DISCLOSURE CITATION PTO-1449	Atty. Docket No. 020755A	Serial No. Filed Concurrently
	Applicant(s): Yoshiaki SAKAMOTO, Shuji KOIKE, and Tomohisa SHINGAI	
	Filing Date: August 6, 2003	Group Art Unit: Not Yet Assigned

U.S. PATENT DOCUMENTS

Examiner Initial		Document No.	Name	Date	Class	Sub class	Filing Date (If appropriate)
_____	AA	5,808,644	Imamura et al	9/15/98	347	93	
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_____	AC	2002/0149652A1	Sakamoto et al	10-2002	347	68	
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_____	AE						

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_____	AF	0867488A1	9/30/98	EP	
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_____	AH				
_____	AI				
_____	AJ				

OTHER DOCUMENTS

_____	AK	European Search Report dated 1/27/03
_____	AL	

Examiner	Date Considered
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INFORMATION DISCLOSURE STATEMENT PTO-1449	Atty. Docket No. 020755A	Serial No. New Appln.
	Applicant(s): Yoshiaki SAKAMOTO, et al.	
	Filing Date: 8/6/03	Group Art Unit:

U.S. PATENT DOCUMENTS

Examiner Initial	Document No.	Name	Date	Class	Subclass	Filing Date (If appropriate)
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_____	AD					

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Document No.	Date	Country	Translation (Yes or No)
_____ AE 11-70649	03/16/99	Japan	Abstract & See Int'l Search Rep.
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_____ AN			
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_____ AP			
_____ AQ			
_____ AR			
_____ AS			
_____ AT			

Examiner	Date Considered
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